



South Carolina
DEPARTMENT OF AGRICULTURE
CONSUMER PROTECTION DIVISION
123 Ballard Court, West Columbia, SC 29172

Hugh E. Weathers, Commissioner

SEED TEST REQUEST FORM

Please check the appropriate classification: ☐ SC Citizen / SC Farmer ☐ SC Farm / Garden Retailer ☐ Wholesaler

Sender's Name _____ Copy to _____

Address _____ Address _____

City, State, ZIP _____ City, State, ZIP _____

Email _____ Email _____

Phone/Fax _____ Phone/Fax _____

| Kind | Variety | Lot # | Germ Only | Germ & Purity | Treated Y/N | Special Test | Carry Over Y/N |
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Name of Treatment(s) / Special Test(s) Comments _____